

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152543		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - FMC NORTH HAMMOND B. WING _____		(X3) DATE SURVEY COMPLETED R 09/16/2013	
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE - NORTH HAMMOND				STREET ADDRESS, CITY, STATE, ZIP CODE 5454 HOHMAN AVE HAMMOND, IN 46320			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>Paper compliance to the Life Safety Code Recertification Survey conducted for an End Stage Renal Disease (ESRD) facility located on a floor that does not exit to grade conducted on 07/29/13 was completed on 09/16/13.</p> <p>Review Date: 09/13/13</p> <p>Facility Number: 005132 Provider Number: 152543 AIM Number: 200139260A</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>Fresenius Medical Care - North Hammond was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies</p>			{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.